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PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/436,796
Filing Date	November 8, 1999
First Named Inventor	DONOVAN et al.
Group Art Unit	2662
Examiner Name	J. Lagsdon
Total Number of Pages in This Submission	10+ref
	Attorney Docket Number
	RIC99060

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### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> PTO-1449 Form (1 page); International Search Report (4 pages); and 12 References.
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael B. Chernoff WorldCom, Inc.
Signature	
Date	8/17/01

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 8/17/01

Typed or printed name	Hand Delivery to the USPTO -- Eden Stright
Signature	

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PTO/SB/17 (11-00)

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

## Complete if Known

Application Number	09/436,796
Filing Date	November 8, 1999
First Named Inventor	DONOVAN et al.
Examiner Name	J. Logsdon
Group Art Unit	2662
Attorney Docket No.	RIC99060

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## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	13-2491
Deposit Account Name	WorldCom, Inc.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)

101	710	201	355	Utility filing fee	<input type="text"/>
106	320	206	160	Design filing fee	<input type="text"/>
107	490	207	245	Plant filing fee	<input type="text"/>
108	710	208	355	Reissue filing fee	<input type="text"/>
114	150	214	75	Provisional filing fee	<input type="text"/>

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES

Total Claims	<input type="text"/>	Extra Claims	<input type="text"/>	Fee from below	<input type="text"/>	Fee Paid	<input type="text"/>
Independent Claims	<input type="text"/>	-20** =	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Multiple Dependent	<input type="text"/>	- 3** =	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
					<input type="text"/>	=	<input type="text"/>

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)

103	18	203	9	Claims in excess of 20	<input type="text"/>
102	80	202	40	Independent claims in excess of 3	<input type="text"/>
104	270	204	135	Multiple dependent claim, if not paid	<input type="text"/>
109	80	209	40	** Reissue independent claims over original patent	<input type="text"/>
110	18	210	9	** Reissue claims in excess of 20 and over original patent	<input type="text"/>

SUBTOTAL (2) (\$)

\*For number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for ex parte reexamination
112	920*	112	920* Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action
115	110	215	55 Extension for reply within first month
116	390	216	195 Extension for reply within second month
117	890	217	445 Extension for reply within third month
118	1,390	218	695 Extension for reply within fourth month
128	1,890	228	945 Extension for reply within fifth month
119	310	219	155 Notice of Appeal
120	310	220	155 Filing a brief in support of an appeal
121	270	221	135 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,240	241	620 Petition to revive - unintentional
142	1,240	242	620 Utility issue fee (or reissue)
143	440	243	220 Design issue fee
144	600	244	300 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Processing fee under 37 CFR 1.17(q)
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	710	246	355 Filing a submission after final rejection (37 CFR § 1.129(a))
149	710	249	355 For each additional invention to be examined (37 CFR § 1.129(b))
179	710	279	355 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify)			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 180.00)

## SUBMITTED BY

Name (Print/Type)	Michael B. Chernoff	Registration No. (Attorney/Agent)	92,408	Telephone	202-736-6522
Signature					
Date	8/17/01				

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